

**MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES****TUBARI**26220099<sup>1</sup>**1. Month of FEBRUARY 1, 2009 THRU FEBRUARY 28, 2009**

- |     |  |                                    |                                    |     |
|-----|--|------------------------------------|------------------------------------|-----|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 21. | Remove Arsenic from report if sampling not required                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 3/24/09 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer J. Audland

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

## PRETREATMENT MONITORING REPORT

MAR 20 2009

TO

70 DAYTON AVE BLDG - 4D - WEST PASSAIC, N.J.

32,500,300.++

32,323,500.--

000

176,800.◇

176,800.×

0.95=

167,960.\*

167,960.++

3,610.--

000

164,350.◇

164,350.÷

20.=

8,218.\*

8,218.×

1.1=

9,040.\*

0.\*

SAME

9999

NAME BERMAN

OUTLET #

NEW OUTLET : 2622 - 0079

OLD OUTLET : 2640 3071 36539 - 04

TELEPHONE #

973-779-8600

RIOD

For Reporting Period

Average

Maximum

Regulated Flow-gal/day

N/A

N/A

Total Flow-gal/day

7626

8037

Method used INDUSTRIAL CATIONS LESS 5% FOR

EVAPORATION, LESS DOMESTIC CATIONS DIVIDED BY 20 WORKING DAYS

plicable)

	MASS LIMIT OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRA
	AVERAGE	MAXIMUM	UNITS		
Measurement	4.00100		Mg/L	1	COMP
Requirement	5.9.		Mg/L	1	
Measurement	0.0222		Mg/L	1	COMP
Requirement	1.62		Mg/L	1	
Measurement					
Requirement					
Measurement					
Permit Requirement					
Sample Measurement					
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Sample Measurement					
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Sample Measurement					
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Sample Measurement					
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Sample Measurement					
Permit Requirement					

PVSC Form MR-1 Rev: 4 6/87 P1

certification of Non-use if applicable (use additional sheets):

N/A

MAR 20 2009

compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: TUBARI, LTD IS IN COMPLIANCE  
WITH LOCAL LIMIT METALS

explain Method for preserving samples: NITRIC ACID WITH A  
PH OF LESS THAN 2

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal  
Executive or Authorized Agent

MARE BERMAN

Type Name and Title

3/18/09

Date

PVSC Form MR-1 Rev: 5/3/91 P1

Water Reading

2/1/09

32323500

2/1/09

1070220

2/28/09

32500300

2/28/09

1073830

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 176,800 ✓

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 3610 ✓

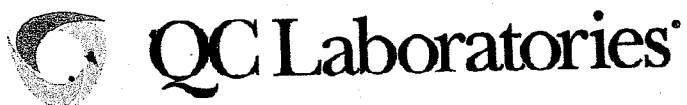
176,800 less 5% For EVAPORATION = 167,960

167,960

- 3610 (DOMESTIC)

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 164,350 (INDUSTRIAL)



# Analytical Report



MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

## Regarding:

MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

Account No: 000382, TUBARI, LTD.  
Project No: 000382, TUBARI, LTD.

P.O. No:  
PWSID No:

Inv. No: 1071877

Sample Number L2880071-1  
Sample Description DISCHARGE 24 HR COMPOSITE 2/17-18  
Samp. Date/Time/Temp 02/18/09 04:10pm NA F  
Sampled by Customer Sampled  
Received Temp 39 F Iced (Y/N): Y

Parameter	Method	Result	RLs	Test Date, Time, Analyst
NICKEL	EPA 200.7	ND mg/l	0.0100 mg/l	02/24/09 08:26AM B B
ZINC	EPA 200.7	0.0222 mg/l	0.00500 mg/l	02/24/09 08:26AM B B
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	4.66 mg/l	2.19 mg/l	02/19/09 10:11PM LS
TOTAL SUSPENDED SOLIDS	SM 2540D	8.00 mg/l	2.00 mg/l	02/20/09 10:30AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLS.  
- All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
- The test "pH lab" is analyzed upon receipt in the laboratory, the result will not be suitable for regulatory purposes.  
- Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.  
- Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLS=Laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count.  
- A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
- QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.  
- QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.  
- All samples are collected as "grab" samples unless otherwise identified.  
- MCL= is the EPA recommended "maximum contaminant level" for a parameter, PLs=customer specific permit limits.  
Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

*Thomas J. Hines*  
Thomas J. Hines, President


**QC Laboratories**
**CHAIN OF CUSTODY**

Page \_\_\_\_ of \_\_\_\_

 1205 Industrial Blvd  
 Southampton, PA 18966-0514  
 Phone: 215-355-3900  
 Fax: 215-355-7231

Bill to/Report to: (if different)

 Client/Acct. No. **TURAMIND 100352**

 Address **90 MYRON AVE**
**4-0 WEST**

 City/State/Zip **PHILADELPHIA, N.S. 02055**

 Phone/Fax **923-779-8600**

Client Contact

QC Contact

PROJECT

FIELD ID

**Discharge 24hr Composite**  
**2/18/09 16:10**

Collection

Date Military Time

Matrix Code

Number of Containers

ANALYSIS REQUESTED

**Boo, TSS, NI, ZN**

DELIVERED TO OFFICE BY CUSTOMER

 Field pH, Temp (C or F), DO, Cl<sub>2</sub>, S. Cond. etc.

 DW: DRINKING WATER  
 GW: GROUND WATER  
 WW: WASTEWATER  
 SC: SOIL  
 SL: SLUDGE  
 OIL: OIL  
 SOL: NON SOLID  
 MI: MISCELLANEOUS  
 X: OTHER

MATRIX CODES

 Lab LIMS No: **L 2880071**

LAB USE ONLY:

ASCORBIC/HCl Vials # HCl Vials

 # Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>

# Na OH/Zn acetate pH

 # HNO<sub>3</sub> pH **22.14 pH**

 # H<sub>2</sub>SO<sub>4</sub> pH

# NaOH pH

# Unpreserved

# HCl pH

 # Temp control **QC** ID# **CWA ice**

SAMPLED BY: (Name/Company)

Verbal/fax data due:

Hardcopy due:

 Report Format: ☐ Standard ☐ Forms ☐ Standard + QC ☐ NJ Reduced ☐ Disk

Sig:

Field Parameters Analyzed By:

Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER

RELINQUISHED BY

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COMMENTS:

 DELIVERY METHOD: ☐ QC COURIER ☐ CLIENT

 UPS ☐ FEDEX ☐ OTHER

CUSTODY See Number

START 2/18/09 16:10

STOP 2/18/09 18:10

Hazardous: yes / no

YES / NO

For example to aid completion, see reverse side.